

## TRANSMITTAL FORM

Attorney Docket No.  
48340.002/535CIP-C2667  
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TFWIn re the application of: **Keith Hogenberg et al.**Confirmation No: **6196**Serial No: **09/998,451**Group Art Unit: **2667**Filed: **November 30, 2001**Examiner: **Boakye, Alexander O.**For: **Digital Multichannel Multipoint Distribution System (MMDS) Network that Supports Broadcast Video and Two-Way Data Transmissions**

## ENCLOSURES (check all that apply)

|                                     |                                     |  |  |                                     |   |
|-------------------------------------|-------------------------------------|--|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Amendment/Reply                     | <input type="checkbox"/>   | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>            | After Allowance Communication to Group      |
| <input type="checkbox"/>            | After Final                         | <input type="checkbox"/>   | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>            | Notice of Appeal                            |
| <input type="checkbox"/>            | Information disclosure statement    | <input type="checkbox"/>   | Letter to Draftsman                              | <input type="checkbox"/>            | Appeal Brief                                |
| <input type="checkbox"/>            | Form 1449                           | <input type="checkbox"/>   | Drawings   | <input type="checkbox"/>            | Status Letter                               |
| <input type="checkbox"/>            | (X) Copies of References            | <input type="checkbox"/>   | Petition   | <input checked="" type="checkbox"/> | Postcard                                    |
| <input checked="" type="checkbox"/> | Extension of Time Request *         | <input type="checkbox"/>   | Fee Address Indication Form                      | <input type="checkbox"/>            | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/>            | Express Abandonment                 | <input checked="" type="checkbox"/>  | Terminal Disclaimer                              |                                     |   |
| <input type="checkbox"/>            | Certified Copy of Priority Doc      | <input type="checkbox"/>   | Power of Attorney and Revocation of Prior Powers |                                     |   |
| <input type="checkbox"/>            | Response to Incomplete Appln        | <input type="checkbox"/>   | Change of Correspondence Address                 |                                     |   |
| <input type="checkbox"/>            | Response to Missing Parts           | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for three month(s), From December 9, 2005 to March 8, 2006. |  |                                     |   |
| <input type="checkbox"/>            | Executed Declaration by Inventor(s) |  |  |                                     |   |

## CLAIMS

| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE     | FEE     |
|--------------------|----------------------------------|---|--------------|----------|---------|
| Total Claims       | 16                               | 20                                      | 0            | \$ 50.00 | \$ 0.00 |
| Independent Claims | 3                                | 4                                       | 0            | \$200.00 | \$ 0.00 |
| Total Fees         |                                  |   |              |          | \$ 0.00 |

## METHOD OF PAYMENT

|                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Check no. 10144 in the amount of \$ <u>1,150.00</u> is enclosed for payment of fees.                          |
| <input type="checkbox"/>            | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.                       |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group) |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|               |  |
|---------------|--|
| Attorney Name | Joseph A. Sawyer, Jr., Reg. No. 30,801 |
| Signature     |  |
| Date          | February 22, 2006                      |

## CERTIFICATE OF TRANSMISSION/MAILING

|   |           |
|---|-----------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 22, 2006. |           |
| Type or printed name  | Kym Moore |
| Signature   |           |

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